App 2 seq# 6841 RECEIVED-DNR JUN 18 2014 DRINKING WATER & GW

State of Wisconsin
Department of Natural Resources
Private Water Systems Section - DG/2
dnr.wi.gov

High Capacity, School or Wastewater Treatment Plant Well Approval Application

Form 3300-256 (R 7/05)

Notice: Prior department approval is required for the construction, reconstruction or operation of a high capacity well or system of high capacity wells, a school well or a wastewater treatment plant well in accordance with Section NR 812.09(4)(a), Wisconsin Administrative Code. Personally identifiable information collected on this form, including such data as your name, address and phone number, will be used for management of department programs and is unlikely to be used for other purposes. This information will be addressable under Wisconsin's Open Records Laws, ss. 19.32 - 19.39, Wis. Stats.

Use this form to request an approval for installation of a well or wells on a high capacity property, seek approval to make other changes to a high capacity property or to modify a well on a high capacity property, as required by NR 812.09(4)(a), Wisconsin Administrative Code. Refer to definitions of high capacity well, high capacity property and high capacity well system on page 5.

This form is not intended to be used when seeking approval for construction or modification of wells serving water systems regulated under ch. NR 811, Wis. Adm. Code. Any water system serving 7 or more homes, 10 or more mobile homes, 10 or more apartments, 10 or more condominiums, or 10 or more duplexes is regulated under ch. NR 811, Wis. Adm. Code. See NR 811.01, Wis. Adm. Code for applicability requirements.

Applicant Information

Application Prepared By (Name and Title)		Company		
Barry Graham		Roberts Irrigation		
Street Address: 2022 22nd Ave.		City: Bloomer	State: WI	ZIP Code: 54724
Telephone Number: 715-568-4600	Fax Number: 715-568-4601	E-Mail Address: bdg61@hotmail.com		

Property Ownership Information

Property owner, if different than applicant (Name of Person and Title)		Company		
Richard Busch		Busch Farms		
Street Address: 3806 Fairview Ave.		City: Downers Grove	State: IL	ZIP Code: 60515
Telephone Number: 708-204-8430	Fax Number:	E-Mail Address:		

Well Operator Information

Well operator if different than owner (Name of Person and Title)		Company		
SAME				
Street Address:		City:	State:	ZIP Code:
Telephone Number:	Fax Number:	E-Mail Address:		

Property Information

Enter the High Capacity Well File Number below if the property is already a high capacity property. If the property is not designated as a high capacity property at the time of application, enter "NONE." NOTE: Find the file number in upper right hand corner of the most recent high capacity well approval, or use the compact disk of departmental well data that is issued to drillers and pump installers. On the compact disk, see "File location" in red print in "Location" section. File number format is as follows: (1 or 2 digits for county) - (1 digit for well classification) - (1 to 4 digits for assigned property no.).

County	Town	High Capacity Well File No.
Barron	Chetek	

Submittal Purpose

Check all that apply:

- [x] Install one or more new wells with a capacity greater than 70 gallons per minute.
- [ ] Install one or more new wells with a capacity less than 70 gallons per minute on a high capacity property.
- [ ] Replace one or more wells with a capacity greater than 70 gallons per minute.
- [ ] Replace one or more wells with a capacity less than 70 gallons per minute on a high capacity property.
- [ ] Reconstruct one or more wells with a capacity greater than 70 gallons per minute.
- [ ] Reconstruct one or more wells with a capacity less than 70 gallons per minute on a high capacity property.
- [ ] Increase pumping rate in one or more wells to a rate greater than previously approved.
- [ ] Request continued operation of high capacity wells after a change in ownership. (No application fee required.)
- [ ] Renew a previous approval that has expired.
- [ ] Well (or wells) will serve a school or wastewater treatment plant. See definitions on page 5.
- [ ] Other, explain ______

Site Status Information

Determine the site status using the internet or the compact disk of departmental well data that is issued to drillers and pump installers and the information supplied by the property owner. Internet address is dnr.wi.gov/org/water/dwg/dws.htm. Enter YES or NO for each of the following questions.

YES NO

- ☐ ☒ Has the property boundary changed since the most recent high capacity well approval was issued? If the property is not yet a high capacity property, check NO.
- ☐ ☒ Has there been a change in well ownership since the last approval was written?
  If YES, name of current owner: Date of purchase:
- ☐ ☒ Has there been a change in well operator since the last approval was written?
  If YES, name of current operator: Date of change:
- ☐ ☒ Will a proposed well be connected to a plumbing system that is supplied by other sources (other wells, municipal supply, etc.)? If YES, include a schematic drawing showing backflow protection.
- ☐ ☒ Is a proposed well within 1,200 feet of a landfill? Determine if there are any landfills nearby, using the well information compact disk FIND feature. Enter the township, range and section of the well location. If the well is near a section line, also check the adjacent section or sections.
  If YES, list the landfill site ID Number: OR Landfill location: (Township/Range/Section)
- ☐ ☒ Is a proposed well on a property that has a contaminated site? If YES, list the BRRTS (Bureau for Remediation and Redevelopment Tracking System) Number here and specify if the site is open or closed: ☐ Open ☐ Closed
- ☐ ☒ Is a proposed well on a property that has a groundwater use restriction recorded on the deed? If YES, list the BRRTS number, as assigned to the contaminated site by the DNR remediation and redevelopment program:
- ☐ ☒ Is a proposed well on a property that is listed on the department's registry of closed remediation sites for a groundwater use restriction? See compact disk or internet at maps.dnr.state.wi.us/imf/dnrimf.jsp?site=brrts. If YES, list the BRRTS Number here:
- ☐ ☒ Is a proposed well to be used for a public water supply system that serves 25 or more people? See definition of a "public water system" in the definitions section on page 5.
- ☐ ☒ Is a proposed well to be installed within a special casing area? Refer to the list of special casing areas that is published by the department and/or contact the regional DNR office.
- ☐ ☒ Has the number of wells or pumping capacity in an existing well increased since the most recent high capacity well approval was issued?
- ☐ ☒ Has the number of wells decreased since the most recent high capacity well approval? If the property is not yet a high capacity property, check NO.
- ☐ ☒ Is a non-pressurized storage vessel (i.e. reservoir) other than a pond proposed or in use?
- ☐ ☒ Will the well discharge directly to a storage pond?
- ☐ ☒ Is a pressurized tank with a capacity greater than 1,000 gallons proposed or in use?
- ☐ ☒ Is a proposed well within 1,200 feet of a quarry?
- ☐ ☒ Is a proposed well located in a floodplain or floodway?
- ☐ ☒ Are any existing well installations on the high capacity property out of compliance with Chapter NR 812, Wisconsin Administrative Code?
- ☐ ☒ Will the well be used as a source of bottled water?
- ☐ ☒ Are you seeking a variance to construct a well that has a capacity of less than 70 gallons per minute to low capacity well construction standards?
- ☐ ☒ Is the property served by a community water system?

SEE ATTACHED SHEETS

Existing Well Information

Enter the following information on all **existing** wells on the property, if more than four wells, submit additional sheets:

Well Name Assigned by Well Owner (North Well, etc.):	M Field	N Field		
Well Number Assigned by Owner (001, 002, etc.):	010	011		
WI Unique Well Number or NA if no number:	XE048	XE028		
Permanent DNR High Capacity Well Number or N/A if none:	72910	72911		
Public Water System ID Number, If Public (if not public, NONE):	NONE	NONE		
Potable or Non-Potable Use:	Non Potable	Non Potable		
Type of Well (Irrigation, Industrial, Residential, etc.):	Irrigation	Irrigation		
Requested Average Water Usage per Day in Gallons:	180,000	576,000		
Requested Maximum Water Usage per Day in Gallons:	360,000	1,152,000		
Seasonal? (April to October, Year Around, etc.):	April to Oct.	April to Oct.		
Approved Pumping Capacity if Previously Approved (gpm):				
Current Pump Type & Capacity (gpm):				
Proposed Pump Type & Capacity If Change Requested (gpm):				
Pump Discharge Type (Over Top of Casing Seal, Pitless, etc.):	Over Top	Over Top		
Discharge Location (Building Pressure Tank, Pond, etc.):	Irr. Pipe	Irr. Pipe		
Height of Well Casing Above Ground in Inches:	16"	16"		
Potential Contaminant Sources and Distance:				
Well Loc: Quarter Quarter Section	NE 1/4 of NW 1/4	SW 1/4 of SW 1/4	1/4 of 1/4	1/4 of 1/4
or Government Lot Number				
Section or French Long Lot No.	18	7		
Township:	T 33 N	T 33 N	T N	T N
Range (Select E or W):	R 10 ☐E ☒W	R 10 ☐E ☑W	R ☐E ☐W	R ☐E ☐W
Latitude (Degrees and Minutes)	45 ° 20.832 '	45 ° 21.050 '	° '	° '
Longitude (Degrees and Minutes)	91 ° 39.397 '	91 ° 39.554 '	° '	° '
GPS Map Datum (WGS84, WTM91, etc.)				

Include as much of the following information as practical for wells that do not have well construction records attached to the application, however if the well construction record is attached, applicant may leave the following rows blank.

Date of Construction:	03/26/2014	09/04/2014		
Drilled by (Name of Drilling Firm):	Roberts Dr.	Roberts Irr		
Drilling Method(s) (Rotary, Percussion, Etc.)	Dual Rotary	Dual Rotary		
Well Depth in Feet:	115	115		
Upper Enlarged Drillhole Diameter in Inches and Depth in Feet:	8 inches, 15 feet	16 inches, 108 feet	inches, feet	inches, feet
Lower Drillhole Diameter in Inches and Depth in Feet:	inches, feet	inches, feet	inches, feet	inches, feet
Well Casing Diameter in Inches and Depth in Feet:	inches, feet	inches, feet	inches, feet	Inches, feet
Well Casing Material and Wall Thickness:	.288" Wheatland A53	.375" Bang Bu A53B		
Annular Space Material Between Casing and Drillhole Wall:				
Is There a Well Screen (Y or N) If so, Screen Material?:	Y - Galv. #20	Y - Galv. #20		

Proposed Well Information

Enter the following information on all proposed wells on the property, if more than two wells or alternate construction, submit additional sheets:

Well Name Assigned by Well Owner (North Well, etc.):	MMM Field	
Well Number Assigned by Owner (001, 002, etc.):	012	
Well Loc: Quarter Quarter Section or French Long Lot Number	NW 1/4 of NE 1/4 of Section 18	1/4 of 1/4 of Section
or Government Lot Number		
Township & Range (Select E or W)	T 33 N, R 10 ☐E ☑W	T N, R ☐E ☐W
Latitude (Degrees and Minutes)	45 ° 20.870 '	___ ° ___.___ '
Longitude (Degrees and Minutes)	91 ° 39.192 '	___ ° ___.___ '
GPS Map Datum (WGS84, WTM91, etc.)		
Type of Well (Irrigation, Industrial, Residential, etc.):	Type: Irrigation ☒ Potable ☐ Non-Potable	Type: ☐ Potable ☐ Non-Potable
Drilling Method(s) (Rotary, Percussion, Etc.):	Dual Rotary	

Anticipated Geological Materials and Depths that Are Expected During Drilling:

Material and Depth Interval:	Top Soil from 0 ' to 1 '	from 0 ' to '
Material and Depth Interval:	Sand/Gravel from 1 ' to 100 '	from ' to '
Material and Depth Interval:	from ' to '	from ' to '
Material and Depth Interval:	from ' to '	from ' to '
Material and Depth Interval:	from ' to '	from ' to '

Drillhole Diameter and Anticipated Depth Intervals:

Diameter and Depth Interval:	8" from 0 ' to 100 '	from ' to '
Diameter and Depth Interval:	from ' to '	from ' to '
Diameter and Depth Interval:	from ' to '	from ' to '

Permanent Casing or Liner Diameter and Wall Thickness at Anticipated Depth Intervals:

Diameter and Wall Thickness at Depth Interval:	.8 " diam/.288 " thick 0 ' to 70 '	" diam/ " thick 0 ' to '
Diameter and Wall Thickness at Depth Interval:	" diam/ " thick ' to '	" diam/ " thick ' to '

Permanent Casing or Liner Material , If Used:

Casing Joints (Welded, T and C, etc.)	Welded	
Material and Weight at Depth Interval:	ASTM-53A1 lbs/foot 0 ' to 70 '	/ lbs/foot 0 ' to '
Material and Weight at Depth Interval:	/ lbs/foot ' to '	/ lbs/foot ' to '
Screen Material, Slot Size in Inches and Depth Interval or N/A if none:	Galvanized .1 70 ' to 100 '	/ "/ ' to '
Casing to Screen Joint (Welded, T and C, K Packer, etc.)	K Packer	

Annular Space Material Including Filter Pack Material, If Used:

Material and Depth Interval:	Bensea / 0 ' to 70 '	/ 0 ' to '
Material and Depth Interval:	/ ' to '	/ ' to '
Proposed Average Water Usage Per Day In Gallons:	180,000	
Proposed Maximum Water Usage Per Day In Gallons:	360,000	
Seasonal? (April to October, Year Around, etc.):	April to October	
Proposed Pump Type & Capacity (gpm):	Submersible @ 250gpm	
Discharge Type (Over Top of Casing Seal, Pitless Adapter or Unit):	Over Top	
Discharge Location (Building Pressure Tank, Pond, etc.):	Irrigation Pipe	
Distance and Direction to Nearest Public Utility Well & Well Name:	2½ mi South Chetek	
Distance to Other Potential Contaminant Sources:	None	
Distance to Other Potential Contaminant Sources:	None	
Leave Blank, for Department use only		

Required Attachments

1. Attach one of the maps described in A. or B., below. Plot the existing and proposed well locations on the map. For wells that have a Wisconsin Unique Well Number or a Permanent High Capacity Well Number, plot the well locations with one of those numbers.
   A. Copy of a plat map with the property boundary clearly shown. If the property is contiguous with properties owned by the same owner in another township, include a copy of that township map too, showing the property boundaries. If the property owner listed on the plat map is different from the current owner, list the date or dates, that the current property owner purchased the property on the map.
   B. Map of the property prepared by a licensed land surveyor and the property description as described by the surveyor.
2. Sketch map showing all of the following that are planned or exist within 300 feet of each proposed well: proposed well location; other wells; property boundary; wetlands; potential contaminant sources (septic tank and drainfield, petroleum storage tanks, sewer lines, etc.); buildings and north arrow. If no pertinent features to map within 300 feet of the proposed well, for example an irrigation well in the middle of a field, state that on the property map listed above and plot the well locations on that map.
3. Any well construction records available for existing wells on the property. Do not attach any well construction records for wells that are not on the property. If a Wisconsin Unique Well Number has not been assigned, write a well name or site well number on the record that correlates to the well name or number plotted on the maps.
4. For proposed wells with a capacity greater than 400 gallons per minute, include the performance curve or performance table that is provided by the pump manufacturer. If the pump will be a lineshaft turbine, provide a curve with the same rpm as the motor under full load and list the motor horsepower.
5. If more than one well is connected to a common plumbing system, also provide a schematic drawing of the system showing method of preventing backflow. This sketch must include the well discharge (pitless, over top of casing sanitary seal); the water line from the well; pressure tanks; sampling faucets; check valves; backflow preventers; air gaps; manually operated valves; water meters; pressure switches for pumps; and any other pertinent fittings. This schematic drawing must also identify which of these components are buried or above ground. If there is more than one check valve within the well casing, include in-well check valves on the schematic.
6. If reconstruction of an existing well is proposed, include a diagram of the current well construction and a diagram of the proposed construction.
7. If the application is for a high capacity well or wells, a $500.00 check payable to the Department of Natural Resources, unless the application is only for continued operation after a change of ownership.

Certification and Applicant Signatures

If the application requests a variance for a well within 1,200 feet of a landfill, a well on a property with a groundwater use restriction, or any other variance to NR 812, Wis. Adm. Code, the property owner must sign the application. If the well operator will install a well on property that he or she does not own, the property owner must also sign the application. Otherwise, an agent of the owner may sign the application.

Unsigned and incomplete applications will not be approved.

By signing this form, the person signing this application certifies that to the best of his or her knowledge, all existing well installations on the property comply with ch. NR 812, Wis. Adm. Code. The person also certifies that to the best of his or her knowledge, all information in the application is accurate and correct.

Name - Print	Check Box	
Barry Graham	☐ Owner	☒ Agent of the Owner

Signature	Company	Date
BD Gr	Roberts Irrigation	4 June, '14

Application submittal. Mail completed application and payment with all required attachments to DNR, Private Water Systems Section - DG/2, PO Box 7921, Madison WI 53707-7921.

Definitions from Wisconsin Administrative Codes

"High capacity well" means a well constructed on a high capacity property. [NR 812.07(51)]

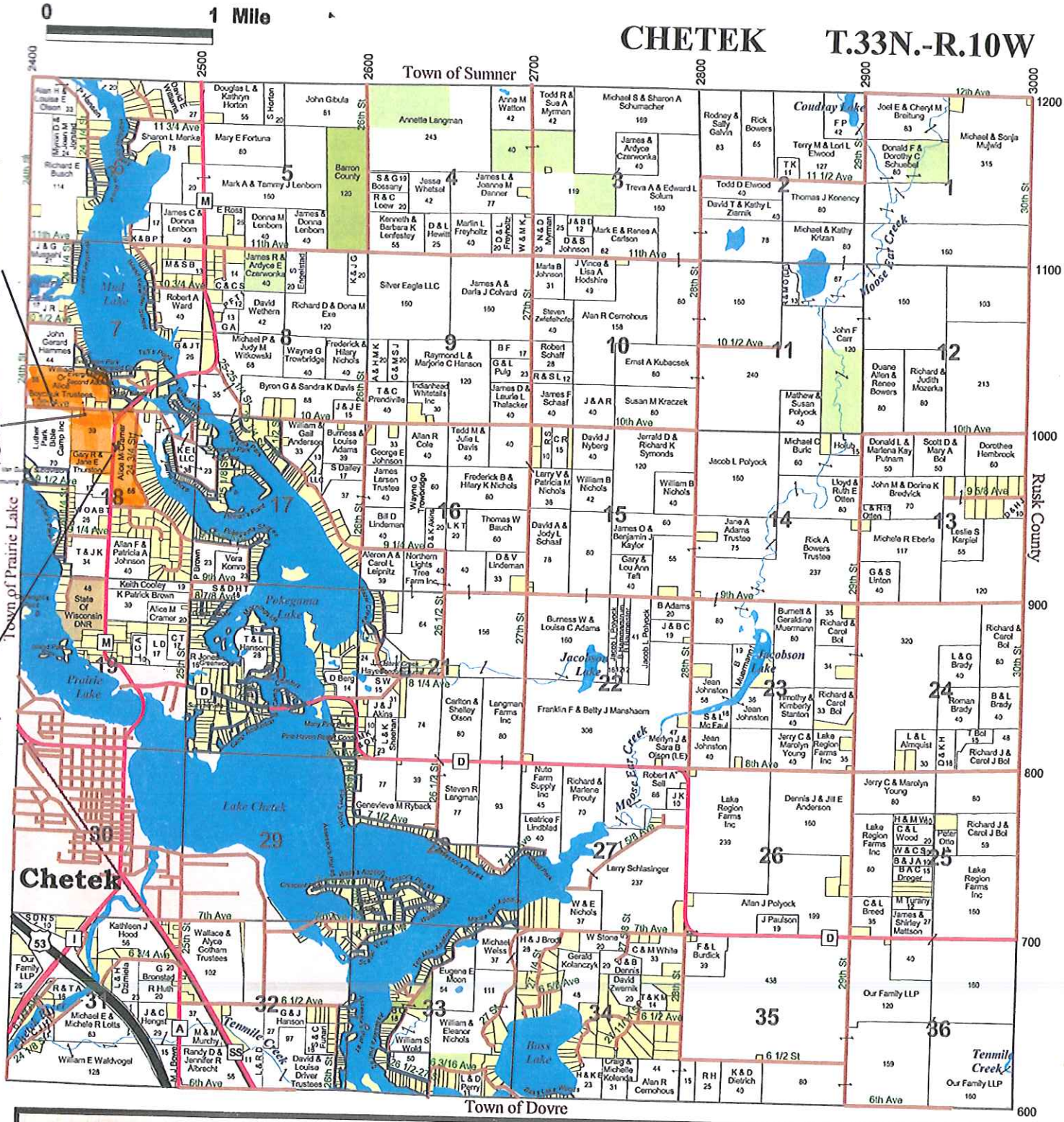
"High capacity property" means one property on which a high capacity well system exists or is to be constructed. [NR 812.07(52)]

"High capacity well system" means one or more wells, drillholes or mine shafts used or to be used to withdraw water for any purpose on one property, if the total pumping or flowing capacity of all wells, drillholes or mine shafts on one property is 70 or more gallons per minute based on the pump curve at the lowest system pressure setting, or based on the flow rate. [NR 812.07(53)]

"Public water system" means a system for the provision to the public of piped water for human consumptions if such system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days per year. A public water system is either a community water system or a non-community water system. Such system includes: (a) Any collection, treatment, storage, and distribution facilities under control of the operator of such system and used primarily in connection with such system, and (b) Any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system. [NR 812.07(80)]

"School" means a public or private educational facility in which a program of educational instruction is provided to children in any grade or grades from kindergarten through the 12th grade. Water systems serving athletic fields, school forests, environmental centers, home-based schools, day-care centers and Sunday schools are not school water systems. [NR 812.07(94)]

"Wastewater treatment plant" means any facility provided for the treatment of sanitary or industrial wastewater or both. The following types of facilities are excluded: (a) Facilities defined as private sewage systems in s. 145.01(12), Stats. (b) Pretreatment facilities from which effluent is directed to a public sewer system for treatment. (c) Industrial wastewater treatment facilities which consist solely of a land disposal system. [NR 114.03(14)]



Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XE 028

State of WI - Private Water Systems-DG/5
Department of Natural Resources, Box 7921
Madison, WI 53707

Form 3300-077A (R 7/10)

Property Owner: Alice Beychuk	Telephone Number: (715) 808 0531
Mailing Address: 2230 White Oak Court	
City: Hudson	State: WI Zip Code: 54016
County of Well Location: Saint Croix	Co. Well Permit No.: W
Well Completion Date (mm-dd-yyyy): 09-09-2013	

1. Well Location
☒ Town ☐ City ☐ Village of: Cheek
Fire # (If avail.):
Street Address or Road Name and Number:
Subdivision Name: Lot #: Block #:
Govt Lot # ___ or SW 1/4 of SW 1/4 of Section 7 T 33 N R 10 ☐ E ☒ W
Latitude Deg. 45 Min. 21.050
Longitude Deg. 91 Min. 39.554
Lat/Long Method:

Well Constructor (Business Name): Roberts Irrigation	License #: 3262
Address: PO Box 490	Facility ID Number (Public Wells):
City: Plover State: WI Zip Code: 54467	Well Plan Approval #:
Hicap Permanent Well #: 7291	Common Well #: Date of Approval (mm/dd/yyyy): 04/22/13
	Specific Capacity: 100 gpm/ft

2. Well Type ☒ New ☐ Replacement ☐ Reconstruction (see item 12 below)
of previous unique well #: ___ constructed in: ___
Reason for replaced or reconstructed well?

3. Well serves 1 # of Irrigation (For example: home, barn, restaurant, church, school, industry, etc.)
High Capacity: Well? ☒ Yes ☐ No Property? ☒ Yes ☐ No

☒ Drilled ☐ Driven Point ☐ Jetted ☐ Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? ☒ Yes ☐ No If no, explain on back side.
Well located within 1,200 feet of a quarry? ☐ Yes ☒ No If yes, distance in feet from quarry: ___
Well located in floodplain? ☐ Yes ☒ No

Distance in feet from well to nearest: (include proposed)
___ 1. Landfill
___ 2. Building Overhang
___ 3. Septic ☐ Holding Tank ☐
___ 4. Sewage Absorption Unit
___ 5. Nonconforming Pit
___ 6. Buried Home Heating Oil Tank
___ 7. Buried Petroleum Tank
___ 8. Shoreline ☐ Swimming Pool ☐
___ 9. Downspout/Yard Hydrant
___ 10. Privy
___ 11. Foundation Drain to Clearwater
___ 12. Foundation Drain to Sewer
___ 13. Building Drain ☐ Cast Iron or Plastic ☐ Other
___ 14. Building Sewer ☐ Gravity ☐ Pressure ☐ Cast Iron or Plastic ☐ Other
___ 15. Collector Sewer: ☐ sanitary ___ units ___ in. diam. ☐ storm ☐ ≤ 6" ☐ > 6"
___ 16. Clearwater Sump
___ 17. Wastewater Sump
___ 18. Paved Animal Barn Pen
___ 19. Animal Yard or Shelter
___ 20. Silo
___ 21. Barn Gutter
___ 22. Manure Pipe ☐ Gravity ☐ Pressure ☐ Cast Iron or Plastic ☐ Other
___ 23. Other Manure Storage ___
___ 24. Ditch
___ 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)	Upper Enlarged Drillhole	Lower Open Bedrock
16	surface	108		

☐ 1. Rotary - Mud Circulation ☐
☐ 2. Rotary - Air ☐
☐ 3. Rotary - Air and Foam ☐
☐ 4. Drill-Through Casing Hammer
☐ 5. Reverse Rotary
☐ 6. Cable-tool Bit ___ in. dia. ☐
☐ 7. Temp. Outer Casing ___ in. dia. Removed? ___ depth ft. ☐ Yes ☐ No - If no, explain on back side.
☒ 8. Dual Rotary ☐

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
16	.375 DengBu wall Steel welded A53B	surface	78
Dia. (in.)	Screen type, material & slot size	From	To
14	Johnson S.S. #30	78	108

7. Grout or Other Sealing Material

Kind of Sealing Material	From (ft.)	To (ft.)	Sacks Cement
Bensea1 (Gravel pack if applicable)	surface	78	3

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc.	From (ft.)	To (ft.)
	Topsoil	surface	2
	Fine silted sand & clay	2	10
	Med course & gravel	10	40
	Course sand and gravel	40	80
	Course sand & heavy gravel	80	113
	Med course silted sand	113	115

9. Static Water Level
___ ft. above ground surface
30 ft. below ground surface

10. Pump Test
Pumping level 33 ft. below surface
Pumping at 300 GPM/GPH for 1 Hrs.

11. Well Is: 16 in. ☒ Above Grade ☐ Below
Developed? ☒ Yes ☐ No
Disinfected? ☒ Yes ☐ No
Capped? ☒ Yes ☐ No

12. Did you permanently abandon and fill all unused, noncomplying or unsafe wells on this property? ☐ Yes ☒ No. If no, explain on reverse. None Found

13. Signature of Well Constructor or Supervisory Driller: Ted Roberts Date Signed: 9-24-13
Print Name of Drill Rig Operator (Mandatory unless same as above) Date: Kevin Upton

Make additional comments on reverse side about geology, additional screens, water quality, etc.
Comments on reverse side ___ (CHECK √, IF YES) Variance Issued ☐ Yes ☐ No
Notification #:

DNR

"Busch" Scwb

Well Construction Report
WISCONSIN UNIQUE WELL NUMBER **XE 048**

State of WI - Private Water Systems-DG/5
Department of Natural Resources, Box 7921
Madison, WI 53707
Form 3300-077A (R 7/10)

Property Owner: Alice Boychuk
Telephone Number: (715 808 0531
Mailing Address: 2230 White Oak Court
City: Hudson State: WI Zip Code: 54016
County of Well Location: Barron
Co. Well Permit No.: W
Well Completion Date (mm-dd-yyyy): 02-26-2014

1. Well Location
[X] Town [ ] City [ ] Village of Chetek
Fire # (If avail.)
Street Address or Road Name and Number
Subdivision Name / Lot # / Block #
Gov't Lot # ___ or NW 1/4 of NW 1/4 of Section 18, T 33 N; R 10 [ ] E [X] W 33 85R
Latitude Deg. 45 Min. 20.821
Longitude Deg. 91 Min. 39.397
Lat/Long Method

Well Constructor (Business Name): Roberts Irrigation
License #: 3262
Facility ID Number (Public Wells)
Address: PO Box 410
Well Plan Approval #
City: Plover State: WI Zip Code: 54467
Date of Approval (mm/dd/yyyy): 04/22/2013
Hicap Permanent Well #: 72910
Common Well #
Specific Capacity: 15 gpm/ft

2. Well Type [X] New [ ] Replacement [ ] Reconstruction
(see item 12 below) of previous unique well # ____ constructed in ____
Reason for replaced or reconstructed well?
[X] Drilled [ ] Driven Point [ ] Jetted [ ] Other

3. Well serves 1 # of Irrigation
(For example: home, barn, restaurant, church, school, industry, etc.)
High Capacity: Well? [X] Yes [ ] No Property? [X] Yes [ ] No

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? [X] Yes [ ] No If no, explain on back side.
Well located within 1,200 feet of a quarry? [ ] Yes [X] No If yes, distance in feet from quarry:
Well located in floodplain? [ ] Yes [X] No

Distance in feet from well to nearest: (include proposed)
___ 1. Landfill
___ 2. Building Overhang
___ 3. Septic [ ] Holding Tank [ ]
___ 4. Sewage Absorption Unit
___ 5. Nonconforming Pit
___ 6. Buried Home Heating Oil Tank
___ 7. Buried Petroleum Tank
___ 8. Shoreline [ ] Swimming Pool [ ]
___ 9. Downspout/Yard Hydrant
___ 10. Privy
___ 11. Foundation Drain to Clearwater
___ 12. Foundation Drain to Sewer
___ 13. Building Drain [ ] Cast Iron or Plastic [ ] Other
___ 14. Building Sewer [ ] Gravity [ ] Pressure [ ] Cast Iron or Plastic [ ] Other
___ 15. Collector Sewer: [ ] sanitary ___ units ___ in. diam. [ ] storm [ ] ≤6" [ ] >6"
___ 16. Clearwater Sump
___ 17. Wastewater Sump
___ 18. Paved Animal Barn Pen
___ 19. Animal Yard or Shelter
___ 20. Silo
___ 21. Barn Gutter
___ 22. Manure Pipe [ ] Gravity [ ] Pressure [ ] Cast Iron or Plastic [ ] Other
___ 23. Other Manure Storage
___ 24. Ditch
___ 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

Dia.(in.)	From (ft.)	To (ft.)
8	surface	115

Upper Enlarged Drillhole / Lower Open Bedrock:
[ ] 1. Rotary - Mud Circulation [ ]
[ ] 2. Rotary - Air [ ]
[ ] 3. Rotary - Air and Foam [ ]
[ ] 4. Drill-Through Casing Hammer
[ ] 5. Reverse Rotary
[ ] 6. Cable-tool Bit ___ in. dia. [ ]
[ ] 7. Temp. Outer Casing ___ in. dia. Removed? ___ depth ft. [ ] Yes [ ] No - If no, explain on back side.
[X] 8. Dual Rotary [ ]

8. Geology (Type, Caving/Noncaving, Color, Hardness, etc.)

Geology Codes	Geology	From (ft.)	To (ft.)
	Topsoil	surface	2
	Med sand + gravel	2	35
	Med silted sand	35	40
	Med course sand & gravel	40	55
	Course sand + gravel	55	80
	Gravel w/ course sand	80	100
	Course sand + gravel	100	115

6. Casing, Liner, Screen (Material, Weight, Specification, Manufacturer & Method of Assembly)

Dia. (in.)	Material	From (ft.)	To (ft.)
8	.288 Wheatland A53 Steel welded	surface	95

Dia. (in.)	Screen type, material & slot size	From	To
8	#30 galv Johnson	95	115

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	Sacks Cement
Granular Benseal (Gravel pack if applicable)	surface	115	1

(20 noted above Sacks)

9. Static Water Level
___ ft. above ground surface
39 ft. below ground surface

10. Pump Test
Pumping level 42 ft. below surface
Pumping at 270 GPM/GPH for 2 Hrs.

11. Well Is: 16 in. [X] Above [ ] Below Grade
Developed? [X] Yes [ ] No
Disinfected? [X] Yes [ ] No
Capped? [X] Yes [ ] No

12. Did you permanently abandon and fill all unused, noncomplying or unsafe wells on this property? [ ] Yes [X] No If no, explain on reverse. None Found.

13. Signature of Well Constructor or Supervisory Driller [signature] Date Signed
Print Name of Drill Rig Operator (Mandatory unless same as above) Karn Wilson Date

Make additional comments on reverse side about geology, additional screens, water quality, etc.
Comments on reverse side ___ (CHECK √, IF YES) Variance Issued [ ] Yes [ ] No
Notification #

Sent back to DNR 4.11.14

WELL CONSTRUCTOR